

Arizona Department of Health Services
Division of Behavioral Health Services

Final DRAFT
Evaluation Component
HB2003

Revised: September 9, 2000

Evaluation Component, HB2003

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I. Introduction

This evaluation is designed to measure the effective use of the funding attached to House Bill 2003. The evaluation will measure improvement in symptoms, health status, functioning, housing, employment and health and recovery status, as applicable to the program components implemented by the RBHA.. Associated service costs, increase in service capacity, and any barriers to implementation of the program or to achievement of projected outcomes will also be evaluated through this process.

The evaluation components will be submitted to the ADHS/DBHS using the enclosed format, with the following frequency:

- One-time report of data at baseline describing
 - the target population, stratified by functional level, diagnosis, symptomatic improvement to date and co-occurring substance abuse;
 - the annual service costs for the target population prior to program start-up, stratified as above;
- Proposed program targets for each program component, to be submitted with the RBHA's program proposal (final program targets will be determined by the ADHS/DBHS):
 - the projected number of clients to be served;
 - the projected dollars to be spent;
 - the projected increase in service capacity; and
 - the projected improvement objectives.
- Actual targets achieved for each program component, submitted semiannually;
- Baseline and subsequent annual administration of a consumer survey to measure consumer recovery and staff recovery competence;
- Semi-annual report of symptomatic, functional, housing, employment, and health status improvements, as applicable.
- Semi-annual reports of service utilization by service category.
- Semi-annual narrative report of barriers to implementation of the program or to achievement of projected improvement objectives.

II. Baseline Control Data

The RBHA will collect baseline control data for all SMI adults with major mental illness enrolled on or before 7/01/00, as required in Tables 1 through 10. This data shall be submitted to ADHS/DBHS, via electronic interface or media, prior to implementation of the program. Submit a separate file for each of the tables. The data should be in ASCII text, delimited with commas. (This format is available in the export process of Excel, Quattro Pro, Access and Paradox). All baseline tables are currently populated with statewide data as of 4/01/00. RBHA specific data will also be forwarded upon request.

The first data submission table, [Table 1 - Total Number of SMI Adult Clients](#), contains the number of clients (users) enrolled, stratified by diagnosis, substance abuse and functional level, using the Arizona Level of Functioning Assessment (ALFA), completed in accordance with the ALFA instructions as described in ADHS/DBHS Policy 1.1, [Service Level Determination](#).

Table 1 - Total Number of SMI Adult Clients

<u>Table 1 - Total # of SMI Adult Clients</u> stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Major Depression (296.2, 296.3)		Bipolar Disorders (296.0, 296.4, 296.5, 296.6, 296.7, 296.8)		Schizophrenia and Other Psychotic Disorders (295, 297, 298)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*	
	No	Yes	No	Yes	No	Yes
A & B (Severe dysfunction)						
C (Moderate dysfunction)						
D & E (Mild dysfunction)						
All Levels						

* For purposes of all baseline and subsequent reporting, substance abuse is defined as:

1. A score of 31 or above on the initial or most recent ALFA Substance Use scale.;
or
2. A diagnosis of 291.xx, 292.xx, 303.xx, 304.xx or 305.xx anywhere on the CIS or CEDAR Assessment form; or
3. A primary presenting problem of 07 (Alcohol abuse) or 08 (Other drug abuse) on the CIS or CEDAR enrollment form; or
4. Substance use indicated on the CIS or CEDAR assessment form by a drug type other than 0001(None), 0201 (Alcohol), 0202 (Tobacco) or 0401 (Marijuana) and a frequency of 3 (1 -2 times weekly) or greater; or
5. Substance use indicated on the CIS or CEDAR assessment form by a drug type of 0201 (Alcohol) or 0401 (Marijuana) and a frequency of 5 (daily) or greater.

Tables 2 through 4, [Major Depression, Aggregate Improvement](#), [Bipolar Disorder, Aggregate Improvement](#), and [Schizophrenia and Other Psychotic Disorders](#), require aggregation of persons based on their cumulative benefit achieved through the course of treatment up to the time of program implementation, as determined by their psychiatric provider using the Clinical Global Assessment (CGI) Efficacy Index score (EI). Persons in the target population without CGI information should be coded as "Not Assessed."

Table 2 - Major Depression, Aggregate Improvement

<u>Table 2 - Major Depression, Aggregate Improvement</u> (296.2, 296.3) based on most recent CGI EI score, stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Significant Improvement (01, 02, 05 or 06)		Minimal Improvement (03, 07, 09, 10, 11)		Unchanged or Worse (04, 08, 12, 13, 14, 15, 16)		Not Assessed (00 or Blank)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*		Substance Abuse*	
	No	Yes	No	Yes	No	Yes	No	Yes
A & B (Severe dysfunction)								
C (Moderate dysfunction)								
D & E (Mild dysfunction)								
Total								

Table 3 - Bipolar Disorder, Aggregate Improvement

<u>Table 3 - Bipolar Disorder, Aggregate Improvement</u> (296.0, 296.4, 296.5, 296.6, 296.7, 296.8) based on most recent CGI EI score, stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Significant Improvement (01, 02, 05 or 06)		Minimal Improvement (03, 07, 09, 10, 11)		Unchanged or Worse (04, 08, 12, 13, 14, 15, 16)		Not Assessed (00 or Blank)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*		Substance Abuse*	
	No	Yes	No	Yes	No	Yes	No	Yes
A & B (Severe dysfunction)								
C (Moderate dysfunction)								
D & E (Mild dysfunction)								
Total								

Table 4 - Schizophrenia and Other Psychotic Disorders, Aggregate Improvement

Table 4 - Schizophrenia and Other Psychotic Disorders, Aggregate Improvement 295, 297, 298) based on most recent CGI EI score, stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Significant Improvement (01, 02, 05 or 06)		Minimal Improvement (03, 07, 09, 10, 11)		Unchanged or Worse (04, 08, 12, 13, 14, 15, 16)		Not Assessed (00 or Blank)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*		Substance Abuse*	
	No	Yes	No	Yes	No	Yes	No	Yes
A & B (Severe dysfunction)								
C (Moderate dysfunction)								
D & E (Mild dysfunction)								
Total								

Tables 5 through 8, [Average Major Depression Client \(User\) Cost Per Year](#), [Average Bipolar Disorder Client \(User\) Cost Per Year](#), and [Average Schizophrenia and Other Psychotic Disorder Client \(User\) Cost Per Year](#), require calculation of the average per client (user) cost of persons based on their cumulative benefit achieved through the course of treatment up to the time of program implementation, as determined by their psychiatric provider using the Clinical Global Assessment (CGI) Efficacy Index score (EI). Average per person cost per year is to be determined using the average of the two Fiscal Years Ending July 1, 1999 and July 1, 2000, for all SMI adults meeting the populations characteristics defined by each cell. To account for claims lag, FY2000 may be extrapolated from nine months of encounter data. Persons without CGI information should be coded as "Not Assessed."

Table 5 - Average Major Depression Client (User) Cost Per Year

Table 5 - Major Depression, Aggregate Cost (296.2, 296.3) based on most recent CGI EI score, stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Significant Improvement (01, 02, 05 or 06)		Minimal Improvement (03, 07, 09, 10, 11)		Unchanged or Worse (04, 08, 12, 13, 14, 15, 16)		Not Assessed (00 or Blank)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*		Substance Abuse*	
	No	Yes	No	Yes	No	Yes	No	Yes
A & B (Severe dysfunction)								
C (Moderate dysfunction)								
D & E (Mild dysfunction)								
Total								

Table 6 - Average Bipolar Disorder Client (User) Cost Per Year

Table 6 - Bipolar Disorder, Average Cost (296.0, 296.4, 296.5, 296.6, 296.7, 296.8) based on most recent CGI EI score, stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Significant Improvement (01, 02, 05 or 06)		Minimal Improvement (03, 07, 09, 10, 11)		Unchanged or Worse (04, 08, 12, 13, 14, 15, 16)		Not Assessed (00 or Blank)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*		Substance Abuse*	
	No	Yes	No	Yes	No	Yes	No	Yes
A & B (Severe dysfunction)								
C (Moderate dysfunction)								
D & E (Mild dysfunction)								
Total								

Table 7 - Schizophrenia and Other Psychotic Disorders, Average Client (User) Cost Per Year

Table 7 - Schizophrenia and Other Psychotic Disorders, Average Cost 295, 297, 298) based on most recent CGI EI score, stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Significant Improvement (01, 02, 05 or 06)		Minimal Improvement (03, 07, 09, 10, 11)		Unchanged or Worse (04, 08, 12, 13, 14, 15, 16)		Not Assessed (00 or Blank)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*		Substance Abuse*	
	No	Yes	No	Yes	No	Yes	No	Yes
A & B (Severe dysfunction)								
C (Moderate dysfunction)								
D & E (Mild dysfunction)								
Total								

[Table 8 - Housing Status](#) requires the RBHA to report the type of housing for SMI adult clients with major mental illness as of 7/1/00. Note that these are graded in five levels of decreasing desirability and/or self-sufficiency: (1) Independent Living; (2) Semi-Independent Living; (3) 24- Hour Residential Setting; (4) Facility-Based Care or Homeless; and (5) Unknown

Table 8 - Housing Status of Clients with Major Mental Illness

<u>Table 8 - Housing Status</u>	A & B (Severe dysfunction)	C (Moderate dysfunction)	D & E (Mild dysfunction)
# of SMI adult clients			
1. Independent Living House or Apartment			
2. Semi-Independent Living Supervised Independent Living (8-16 hours)			
3. 24- Hour Residential Setting Hotel Boarding Home Supervisory Care Home 24-hr residential facility Nursing Home Foster Home			
4. Facility-Based Care ASH Jail/Correctional facility			
5. Homeless/Shelter for Homeless			
5. Other or Unknown Other/No Information			

[Table 9 - Employment Status](#) requires the RBHA to report the employment status for SMI adult clients with major mental illness as of 7/1/00. Note that these are graded in four levels of decreasing desirability and/or self-sufficiency: (1) Gainful Employment; (2) Volunteer Work; (3) Unemployed; and (4) Unknown.

Table 9 - Employment Status of Clients with Major Mental Illness

<u>Table 9 - Employment Status</u>	A & B (Severe dysfunction)	C (Moderate dysfunction)	D & E (Mild dysfunction)
# of SMI adult clients			
1. Gainful Employment Employed Full Time/Part Time Supported Employment (Full Time) Supported Employment (Part Time)			
2. Volunteer Work (Non-gainful employment)			
3. Unemployed			
4. Unknown or Other			

[Table 10 - Health Status Questionnaire - SF-12](#) requires the RBHA to document the submission of SF-12 information for SMI adult clients with major mental illness. (Actual scores submitted, projected level of improvement and subsequent semi-annual updates will be expected for persons

expected to benefit from the RBHA Program.)

Table 10 - Health Status Questionnaire - SF-12 for Clients with Major Mental Illness

<u>Table 10 - Health Status Questionnaire - SF-12</u>	A & B (Severe dysfunction)	C (Moderate dysfunction)	D & E (Mild dysfunction)
# of SMI adult clients with SF-12 scores (Q1 - Q12) submitted to ADHS/DBHS, stratified by Functional Level (ALFA)			
Major Depression (296.2, 296.3)			
Bipolar Disorders (296.0, 296.4, 296.5, 296.6, 296.7, 296.8)			
Schizophrenia and Other Psychotic Disorders (295, 297, 298)			

III. Program Targets

Proposed program targets shall be submitted for each program component. The ADHS/DBHS will determine the final program targets for each component after review of baseline data and the RBHA submissions. RBHAs will be expected to achieve at least 80% of their program targets by project end, with incremental performance reported semi-annually as required herein.

A. Housing Component

If the RBHA proposal includes a housing component, submission of [Table 11 - Proposed Housing Program Targets](#) and [Table 12 - Proposed Housing Improvement Objectives](#) are required. It should be noted that "Supervised Independent Living" will be added as a valid value to the CIS and CEDAR enrollment and assessment tables. The housing level definitions listed in [Table 8 - Housing Status](#) should be used here as well, namely:

1. Independent Living (House or Apartment);
2. Semi-Independent Living (Supervised Independent Living 8 or 16 hours);
3. 24- Hour Residential Setting (Hotel, Boarding Home, Supervisory Care Home, 24-hr residential facility, Nursing Home; and Foster Home)

Table 11 - Proposed Housing Program Targets

<u>Table 11 - Proposed Housing Program Targets</u>	Projected Average Yearly Housing Cost Per Person	Projected # of New Housing Units				Projected # of Persons to be Served			
		Year				Year			
		1	2	3	4	1	2	3	4
1. Independent Living									
2. Semi-Independent Living									
3. 24 Hour Residential									

Table 12 - Proposed Housing Improvement Objectives

Table 12 - Proposed Housing Improvement Objectives	Independent Living				Semi-Independent Living				24 Hour Residential			
	Year:				Year				Year			
	1	2	3	4	1	2	3	4	1	2	3	4
# of homeless persons to be moved to:												
# of persons in jail to be moved to:												
# of persons in ASH to be moved to:												
# of persons in 24 hour residential to be moved to:												
# of persons in semi-independent living to be moved to:												

B. Employment Component

If the RBHA proposal includes an employment component, submission of [Table 13 - Proposed Employment Program Targets](#) and [Table 14 - Proposed Employment Improvement Objectives](#) are required. It should be noted that “Supported Employment, Full Time,” “Supported Employment, Part Time” and “Volunteer” will be added as valid values to the CIS and CEDAR enrollment and assessment tables.

Table 13 - Proposed Employment Program Targets

Table 13 - Proposed Employment Program Targets	Projected Average Yearly Employment Support Cost Per Person	Projected # of Supported Employment Slots				Projected # of Persons to be Served			
		Year				Year			
		1	2	3	4	1	2	3	4

Table 14 - Proposed Employment Improvement Objectives

Table 14 - Proposed Employment Improvement Objectives	Employed Full Time/Part Time				Supported Employment Full Time/Part Time				Volunteer			
	Year:				Year				Year			
	1	2	3	4	1	2	3	4	1	2	3	4
# of unemployed persons to become::												
# of volunteers to become:												
# supported employment persons to become:												

C. All Other Components

For all other components, submission of [Table 15 - Proposed Health Status Improvement Objectives](#), [Table 16 - Proposed Symptomatic Improvement Objectives](#) and [Table 17 - Proposed Program Targets by Service Category](#), is required. Projected targets for should also be proposed for program specific capacity, progress and outcomes not otherwise captured by the uniform reporting criteria included herein.

For Table 15 - Proposed Health Status Improvement Objectives, measurement of health status improvement requires collection of baseline and semi-annual SF-12 scores and manipulation of raw data to arrive at normed summary physical and mental component scales. The ADHS/DBHS will entertain proposals for standardization and cost-sharing of software to streamline collection and analysis of these data.

Table 15 - Proposed Health Status Improvement Targets

<u>Table 15 - Proposed Health Status Improvement Targets</u> based on SF-12 PCS and MCS summary scales	Improved Physical Health Status				Improved Mental Health Status			
	Year:				Year			
	1	2	3	4	1	2	3	4

For Table 16 - Symptomatic Improvement Targets, symptomatic improvement uses the definitions previously noted in Tables 5 - 10, namely:

1. Significantly improved: most recent CGI EI score is (01, 02, 05, or 06);
2. Minimally Improved: most recent CGI EI score is (03, 07, 09, 10, 11);
3. Unchanged or worse: most recent CGI EI score is (04, 08, 12, 13, 14, 15, 16); and
4. Unassessed: most recent CGI EI score is (00, blank or no scores provided).

Table 16 - Proposed Symptomatic Improvement Targets

<u>Table 16 - Proposed Symptomatic Improvement Targets</u> based on CGI Efficacy Index Scores	Significantly Improved				Minimally Improved			
	Year:				Year			
	1	2	3	4	1	2	3	4
# of unassessed persons to become::								
# of unchanged or worse persons to become:								
# of minimally improved persons to become:								

For Table 17 - Program Targets by Service Category, the service codes to be assigned to each category are described in Attachment 1, [Codes for Service Report Categories](#).

Table 17 - Proposed Program Targets by Service Category

<u>Table 17 - Proposed Program Targets by Service Category</u>	Projected Expenditures			
	Year:			
	1	2	3	4
Counseling-Individual				
Evaluation/Management				
Rehabilitation/Vocational/Day Services				
Emergency/Crisis				
Non-Emergency Transportation				
Residential/Housing Services				
Pharmacy				
Inpatient/JCAHO Level 1				
Laboratory/Radiology				
Other Professional				
Counseling-Group/Family				

IV. Progress Reports

A. Narrative Summary

A narrative progress report summary shall be submitted every six months (semi-annually) after program implementation. The report shall include the following sections:

I. Highlights -

This section discusses the highlights of accomplishments made during the reporting period with respect to program implementation or outcomes.

II. Progress in Program Implementation -

This section discusses program implementation and ongoing activities, including any barriers to implementation. This includes an analysis of the likely impact of the issue, problem or barrier/gap on attainment of program targets and discussion of any creative or innovative ways adopted by the RBHA/provider to address it. If there is a need to revise the targets, the reason and justification for the proposed revisions should also be reported in this section.

This section also reports on the status of fund disbursement during the period not otherwise accounted for in required program submissions and quarter and expected expenditures during the remainder of the year.

An analysis of any required baseline data submission should also be included in

this section.

III. Outcome Measures -

This section discusses the data submitted on all outcome measures. This includes analysis and display of data in graphs or summary tables, as applicable.

VI. Others

Any other issues or topics relevant to an understanding of the program.

B. Required Data Submissions

For all components (in addition to submission of specific housing and employment progress reports), the following tables are required: [Table 18 - Client Roster](#), [Table 19 - Health Status Improvement](#), [Table 20 - Symptomatic Improvement](#), and [Table 21 - Utilization by Service Category](#).

The Client Roster table must include the CIS Client ID Number, Assessment Date and Project Entry Date for each client served by any program component, whether enrolled at or subsequent to program implementation. The assessment must be completed within 30 calendar days of the client's Project Entry Date. If the client has been enrolled with the RBHA within 30 calendar days of entry into this project, the initial assessment required as part of the enrollment process will meet the assessment requirement for this project.

Please note: The client roster will be used by the ADHS/DBHS and/or the Auditor General to verify the accuracy and completeness of required data submissions to the CIS and CEDAR systems. Ongoing program funding is contingent on receipt of timely and accurate data. Missing and inaccurate data will result in prorated withholds of program funding.

Table 18 - Client Roster and Baseline Assessment Data

Client ID #	Assessment Date	Project Entry Date	Diagnosis	Substance Abuse*	ALFA Level	CGI Efficacy Index	SF-12		Employment Status	Housing Status	Recovery Survey Score
							PCS	MCS			

For programs which include components other than housing or employment, a narrative analysis should be provided for any barriers to implementation or discrepancies with projected health status improvement and symptomatic improvement targets.

Table 19 - Health Status Improvement

Health Status Improvement , stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Major Depression (296.2, 296.3)		Bipolar Disorders (296.0, 296.4, 296.5, 296.6, 296.7, 296.8)		Schizophrenia and Other Psychotic Disorders (295, 297, 298)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*	
	Yes	No	Yes	No	Yes	No
Improved Physical Health Status						
Improved Mental Health Status						

Table 20 - Symptomatic Improvement

Symptomatic Improvement stratified by Functional Level (ALFA) and Co-Occurring Substance Abuse*	Major Depression (296.2, 296.3)		Bipolar Disorders (296.0, 296.4, 296.5, 296.6, 296.7, 296.8)		Schizophrenia and Other Psychotic Disorders (295, 297, 298)	
	Substance Abuse*		Substance Abuse*		Substance Abuse*	
	Yes	No	Yes	No	Yes	No
Significantly Improved most recent CGI EI score is (01, 02, 04, or 05)						
Minimally Improved most recent CGI EI score is (03, 07, 09, 10, 11)						
Unchanged or worse most recent CGI EI score is (04, 08, 12, 13, 14, 15, 16)						
Unassessed most recent CGI EI score is (00, blank or no scores provided).						

For Table 21 - Utilization by Service Category, the service codes to be assigned to each category are described in Attachment 1, [Codes for Service Report Categories](#).

Table 21 - Utilization by Service Category

<u>Table 21 - Utilization by Service Category</u>	Expenditures Year to Date			
	Year:			
	1	2	3	4
Counseling-Individual				
Evaluation/Management				
Rehabilitation/Vocational/Day Services				
Emergency/Crisis				
Non-Emergency Transportation				
Residential/Housing Services				
Pharmacy				
Inpatient/JCAHO Level 1				
Laboratory/Radiology				
Other Professional				
Counseling-Group/Family				

C. Housing Component

Programs with a housing component must submit [Table 22 - Achievement of Housing Program Targets](#) and [Table 23 - Achievement of Housing Improvement Objectives](#) every six months after program implementation. A narrative analysis should be provided for any barriers to implementation or discrepancies with projected targets.

Table 22 - Achievement of Housing Program Targets

<u>Table 22 - Achievement of Housing Program Targets</u>	Actual Annualized Average Housing Cost Per Person	# of New Housing Units				# of Persons Served			
		Year				Year			
		1	2	3	4	1	2	3	4
1. Independent Living									
2. Semi-Independent Living									
3. 24 Hour Residential									

Table 23 - Achievement of Housing Improvement Objectives

<u>Table 23 - Achievement of Housing Improvement Objectives</u>	Independent Living				Semi-Independent Living				24 Hour Residential			
	Year:				Year				Year			
	1	2	3	4	1	2	3	4	1	2	3	4
# of homeless persons moved to:												
# of persons in jail moved to:												
# of persons in ASH moved to:												
# of persons in 24 hour residential moved to:												
# of persons in semi-independent living moved to:												

D. Employment Component

Programs with an employment component must submit [Table 24 - Achievement of Employment Program Targets](#) and [Table 25 - Achievement of Employment Improvement Objectives](#) every six months after program implementation. A narrative analysis should be provided for any barriers to implementation or discrepancies with projected targets.

Table 24 - Achievement of Employment Program Targets

Table 24 - Achievement of Employment Program Targets	Actual Annualized Average Yearly Employment Support Cost Per Person	Projected # of Supported Employment Slots				Projected # of Persons to be Served			
		Year:				Year			
		1	2	3	4	1	2	3	4

Table 25 - Achievement of Employment Improvement Objectives

<u>Table 25 - Achievement of Employment Improvement Objectives</u>	Employed Full Time/Part Time				Supported Employment Full Time/Part Time				Volunteer			
	Year:				Year				Year			
	1	2	3	4	1	2	3	4	1	2	3	4
# of unemployed persons who are now::												
# of volunteers who are now:												
# supported employment persons who are now:												

E. Other Components

The RBHA shall propose indicators and collection methodologies for program specific capacity, progress and outcomes not otherwise captured by the uniform reporting criteria included herein.

V. Quality Management

A. Case Review

The ADHS/DBHS (and/or Auditor General) will conduct a case file review on a sample of clients served by the program at program implementation and annually thereafter. The case review will be based on, at a minimum, the following indicators:

1. Treatment recommendations are appropriate to presenting problem/diagnosis and meet accepted professional standards of care;
2. Treatment is timely;
3. Services delivered produce symptomatic and/or functional improvement or if there is not substantial progress, the diagnosis and/or treatment services are re-evaluated and modified as appropriate; and
4. Coordination of medical and behavioral health care occurs.

A draft of the case review tool to be used is included as Attachment 2.

For programs with components other than housing or employment, the RBHA may conduct a case review semi-annually on a sample of clients who have been assessed as “unchanged or worse” as a result of treatment received (most recent CGI Efficacy Index score is 04, 08, 12, 13, 14, 15 or 16. A summary of treatment changes made as a result of these reviews shall be included in the progress report submitted to the ADHS/DBHS.

B. Recovery Survey

A consumer recovery survey, a draft of which is included as Attachment 3, shall be completed on all persons who receive services through this program at program implementation and annually thereafter. A table of client recovery scores by client ID# shall be submitted to the ADHS/DBHS, either as an added field to the baseline client roster or as a separate submission at program implementation. An aggregate report of baseline staff recovery competence scores shall be submitted to the ADHS/DBHS at program implementation. Subsequent consumer and staff reports shall be submitted annually. If indicated, a narrative submission of actions taken to improve staff recovery competence shall be submitted with the annual reports.

Table 26 - Client Recovery Roster

<u>Table 26 - Client Recovery Roster</u>	Survey Date	Recovery Score
Client ID #		

Table 27 - Aggregate Recovery Scores

<u>Table 27 - Aggregate Recovery Scores</u>	# of Surveys Completed	Average Staff Recovery Score
Survey Date		